

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health & Human Services Professions
239 Causeway Street, 5th Floor
Boston MA 02114
(617) 727-3080

The definitions listed below may help you determine if you are eligible for licensure as an Educational Psychologist. If you have further questions, please contact the Board Administrator at (617) 727-3080.

RELEVANT MASTERS DEGREE OR CAGS are degrees/diplomas from national or state accredited institutions of higher education which lead to national or state certification as a School Psychologist. Such programs must consist of a minimum of 60 graduate credit hours of coursework plus completion of a minimum of 1200 clock hours of supervised practicum or internship experience, at least 600 hours of which must be in a school setting.

AN APPROVED SUPERVISOR is a person licensed or eligible for licensure under this law who is a certified school psychologist with a minimum of five years full time, or its equivalent in part time, experience.

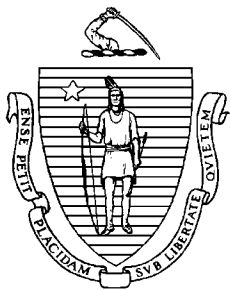
SCHOOL PSYCHOLOGICAL SERVICES is the rendering of professional services to individual groups, organizations, or the public for compensation, monetary or otherwise.

Such professional services include: applying psychological principles, methods, and procedures in the delivery of services to individuals, groups, families, educational institutions and staff and community agencies for the purpose of promoting mental health and facilitating learning. Such services may be preventative, developmental, or remedial and include psychological and psychoeducational assessment, therapeutic intervention, program planning and evaluation, research, teaching in the field of educational psychology, consultation and referral to other psychiatric, psychological, medical and educational resources when necessary.

Two (2) years supervised experience and employment as a school psychologist is required. Employment in private practice is not acceptable.

All applicants must take and pass the National School Psychology Examination (ETS/NTE Test #40). The passing score is 620. For more information regarding the examination, contact Educational Testing Service, PO Box 6051, Princeton, NJ 08541 (609) 771-7395. The Reporting Code for the Board is R7417.

Important Note: Official transcripts of all coursework and practicum completion are required. The number of clock hours of supervised experience must be documented by the Director or University Supervisor which offered the Practicum course.



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, 5th Floor
Boston MA 02114

Board of Registration of Allied Mental Health
and Human Services Professions
(617)727-3080

BOARD USE ONLY

Board: _____
License#: _____
Type: _____
Cash#: _____
Cash Date: _____

Please attach recent passport type

2" X 2"

head and shoulder photograph

**EDUCATIONAL PSYCHOLOGIST
LICENSURE APPLICATION
NON-REFUNDABLE APPLICATION FEE: \$102.00**

1. Name: _____
Last First Middle Maiden

2. Mailing Address: _____
No. Street Apt. No.

City/Town State Zip Code

3. Date of Birth: _____ Place of Birth: _____

4. Telephone Number-Day: _____ Evening: _____

5. USA SOCIAL SECURITY NUMBER (**MANDATORY**) _____ - _____ - _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

6. Graduate School Attended: _____ Degree: _____ No. Credits: _____
Major: _____ Date Degree Conferred: _____

NOTE: Official graduate level transcripts must be included with application.

7. **DISCIPLINARY HISTORY**

If you answer "YES" to any of the following questions (A - F), please attach a complete explanation.

- A. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? YES _____ NO _____
- B. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? YES _____ NO _____
- C. Have you ever voluntarily surrendered or resigned a professional license to a licensing /certification board in the United States or any country or foreign jurisdiction? YES _____ NO _____
- D. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? YES _____ NO _____
- E. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? YES _____ NO _____

8. **PROFESSIONAL LICENSES/REGISTRATION**

List any professional licenses/registration you hold or held in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/registration was issued along with the license number. _____

9. **CERTIFICATION STATUS**

Complete applicable certification information below. Attach copies of current certification(s) with application.

- A. Nationally Certified School Psychologist (NCSP) by the National Association of School Psychologists? _____Yes _____No If Yes, Certification No. _____
- B. (1) Certification as School Psychologist by the Massachusetts Dept. of Education? _____Yes _____No
If Yes, Certificate No. _____ or,
- (2) Certification as School Psychologist by another state? _____Yes _____No
If Yes, State _____ Certificate No. _____

10. EXAMINATION

National School Psychologist Examination (ETS/NTE Test #40) Date Taken _____

NOTE: Official examination scores **must** be sent to the Board by Educational Testing Services (ETS).

11. POST-MASTER'S DEGREE EXPERIENCE

Applicants must document two (2) years full-time, or equivalent part-time, post-master's degree experience in school psychological services supervised by an approved supervisor. Provide attached Statement of Supervised Experience Form to approved supervisor to document required experience.

Name and Address of Employer: _____

Your Job Title: _____

Your Duties: _____

Dates of Experience in School Psychological Services: From _____ To _____

FULL TIME: From _____ To _____ No. of Years: _____

PART TIME: From _____ To _____ No. of Days per Week: _____ Total No. of Days: _____

NOTE: Attach additional information in this format as necessary to document required hours.

12. Pursuant to M.G.L., Chapter 62C, S. 49A, I have filed all state tax returns and paid all state taxes required under law. ____ Yes ____ No. If No, please explain. _____

13. Pursuant M.G.L., Chapter 119, S. 51A and M.G.L., Chapter 112, S. 1A, my signature to this application is my certification I understand my obligation to report the abuse or neglect of children.

14. AFFIDAVIT

I certify, that I agree to abide by the M.G.L., Chapter 112 and the Rules and Regulations for the licensing as an Educational Psychologist as contained in 262 CMR and attest that all statements made herein are truthful and are made under the pains and penalties of perjury.

Sign in the presence of a Notary Public.

Applicant's Signature

Date

Notary Signature

My Commission Expires On

**239 CAUSEWAY STREET, 5TH FLOOR
BOSTON, MA 02114**

Applicant: Duplicate this form as necessary to document two years of POST MASTER'S DEGREE experience in School Psychological Services and return with your application.

STATEMENT OF SUPERVISED CLINICAL EXPERIENCE

(To be completed by Approved Supervisor)

1. Name of Applicant _____

2(a) Name/Address of Employing Facility/System _____

(b) Name/Address of Facility where Applicant Completed Experience _____

3. Applicant's Post-Master's Degree Experience in School Psychological Services

(a) FULL-TIME Employment From _____ To _____

Total Number of Years of Applicant's Full-Time Employment _____
(Minimum 2 years required)

(b) PART-TIME Employment From _____ To _____

Number of Days per Week _____ Number of Weeks _____ Total Number of Days _____
(Combined total days from all part-time employment must meet the minimum of 360 days.)

4. Total Number of Contact Hours _____

(30 Contact Hours required per year/ Total of 60 contact hours required)

5(a) Description of Applicant's Duties _____

(b) Applicant's Title _____

Note: Please provide all information below applicable to your qualifications and experience.

6(a) Are you licensed as an Educational Psychologist? ____ No ____ Yes
If Yes, State _____ License Number _____ License Status _____

(b) Are you a Nationally Certified School Psychologist? ____ No ____ Yes
If Yes, NCSP Certificate Number _____

(c) Dept. of Education Certification as a School Psychologist? ____ No ____ Yes
If Yes, Certification Number _____

(d) Provide dates of your Post Master's Degree Experience in School Psychological Services.
From _____ To _____
Total Number of Years Experience _____ (Minimum 5 years experience required)

The undersigned states, under the pains and penalties of perjury, that the above statements are true.

Signature of Approved Supervisor _____ Date _____

Print Name _____ Title/Position _____

Address _____